## Across The Boards

## The Coalfield Consortium of Community Services Boards Capacity Expansion Proposal

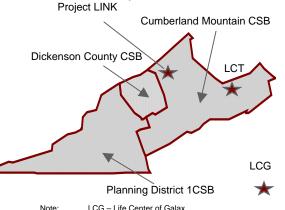
Cumberland Mountain,
Dickenson County and Planning
District 1 Community Services
Boards, which serve a sevencounty region in far southwest
Virginia, are currently battling an
opiate epidemic that has been
plaguing rural communities in
the southeast section of the
United States since 1995, i.e.,
Eastern Kentucky, West
Virginia, and Maine.

Unlike urban areas where the drug of choice is heroin, the rise in opiate addiction in our area is linked to prescription opiates, most notably OxyContin. OxyContin tablets are a controlled-release oral formulation of Oxycodone Hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the clock analgesic is needed for an extended period of time. Medical authorities and law officials agree that the drug can be highly effective in treating severe or chronic pain. But in just a few years, abuse of OxyContin has become rampant. Our far southwest Virginia region has had numerous physicians charged with distribution and sentenced to incarceration. Communities have been devastated by crime waves. OxvContin has been a factor in several overdoses in the Southwest region.

In order to respond to this crisis and to advocate for our needs, the three Community Services Boards banded together in 2001 to form The Coalfield Consortium of Community Services Boards (CCCSB). The CCCSB builds on a long history of regional cooperation between the participating CSBs which includes developing one of

the first regionally funded detox programs in the state, implementing alternative services for primary substance abusers previously admitted to state mental health facilities, and successfully funding a regional Project LINK Program to address the high rate of substance use among women in our area.

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LCT - Life Center of Tazewell

In our initial efforts to mobilize the community and other treatment providers, the CCCSB sponsored a regional conference on The Treatment of Opiate Dependent Patients in the Primary Care Setting," in November 2000. Over 140 primary care physicians, health care professionals and other treatment providers attended the conference. Keynote speakers were Dr. David Fiellin and Dr. Richard Schottenfeld from Yale University's School of Medicine.

Since the conference, the CCCSB has been working in conjunction with DMHMRSAS' Office of Substance Abuse Services (SAS) to identify gaps in services and to develop treatment options for our communities. In February 2002, DMHMRSAS' Office of SAS

provided specialized funding for the CCCSB to develop opiate treatment services. These funds are being used to target the expansion of our case management services and our purchase of services contracts with local privately owned methadone programs (Life Center of Galax and Life Center of Tazewell).

Our program served seventy-six (76) consumers in FY 02 and served ninety-seven (97) consumers in FY 03. The CCCSB currently contracts for Methadone Detoxification or Maintenance Services for a maximum of 180 days and for specialized extended services for our pregnant consumers. Having the ability to purchase these services has allowed the CCCSB to offer alternative treatment options to consumers who struggle with the traditional drug-free treatment model.

The CCCSB is currently working with DMHMRSAS' Office of SAS to utilize Buprenorphine as an additional treatment option. Through a cooperative arrangement with the DMHMRSAS' Office of SAS and George Mason University's Center for Health Policy, Research, and Ethics, we are seeking federal funding to provide community-based on-line treatment to consumers with opiate-addictions in rural areas that are prescribed Buprenorphine.

Please contact Jane Peay at (276) 964-6702 for more information about the Coalfield Consortium of Community Services Boards. For more information on Opioid use disorder contact Denise Clayborn at (804) 371-2193.